

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



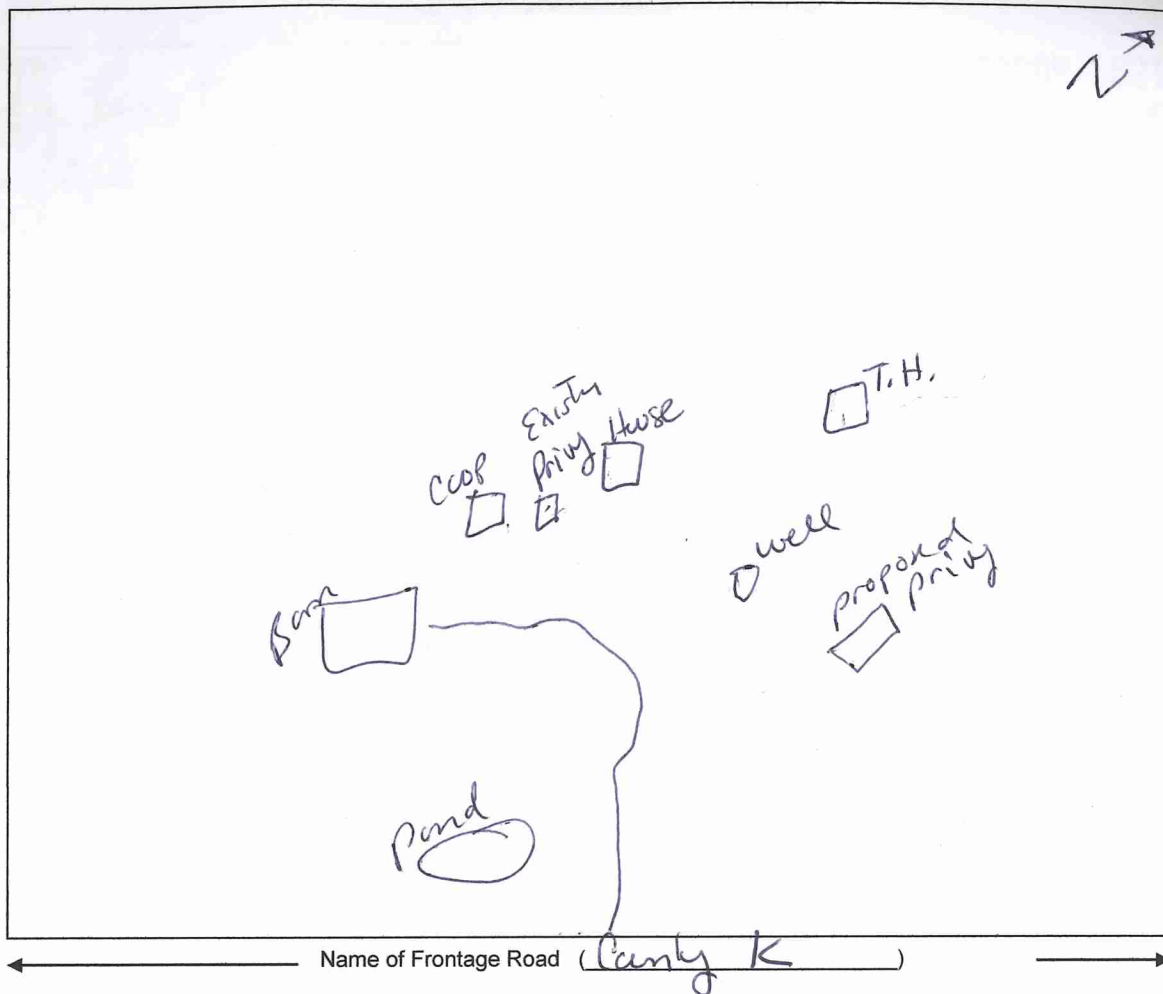
Zoning District RRB
Lakes Class 3

RECEIVED
MAY 12 2020

I. APPLICATION INFORMATION (Please Print All Information) Property Owner's Name: <div style="text-align: center;">Carla Burst / John Loeffelholz</div> Address of Property: 91405 W Old CTY HWY K				Soil Test No: County Permit No: <u>20-0107</u>	County: Bayfield Property Location: <div style="text-align: center;">NE 1/4 S 18 T 51 N, R 4 WE (or) W</div>					
Property Owner's Mailing Address: Bayfield Co. Zoning Dept. 91405 W Old CTY HWY K				Township: Russel		Gov. Lot #: 				
City, State Bayfield WI	Zip Code 54814	Phone Number 715-718-4474	Lot # 	Block #: 	CSM #: 	CSM Doc # 	Subdivision Name 			
II. TYPE OF BUILDING: (Check One) <input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>4</u>								Tax ID#: 29156		
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable) A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____ B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____										
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>1000</u> gallons or <u>900</u> cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
V. ABSORPTION SYSTEM INFORMATION:										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
VI. TANK INFORMATION:										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
<input type="checkbox"/> New Tanks <input type="checkbox"/> Existing Tanks		<u>1000</u> <u>900</u>	 	<u>Huffcut</u>	<u>X</u>	 	 	 	 	
VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans. Owner's Name(s): (Print) If applying for Section C above <u>Carla Burst / John Loeffelholz</u> Owner's Signature(s): (No Stamps) _____ Plumber's Name: (Print) If applying for Section A or B) above _____ Plumber's Signature: (No Stamps) _____ MP/MPRSW No: _____ Plumber's Address: (Street, City State, Zip Code) _____ Home Phone: _____ Business Phone: _____										
VIII. COUNTY / DEPARTMENT USE ONLY										
<input checked="" type="checkbox"/> Approved <u>5-21-2020</u>		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>\$150 6-9-20</u>		Date Issued: <u>6-9-2020</u>		Issuing Agent's Signature / Date: <u>Todd Normand 5-21-20</u>		
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: <u>Maintain system per recorded agreement</u> <u>Tank must be pumped by licensed septic hauler when full</u> <u>Privy must be 25' or greater from well</u>										

Tank information per Rocky Inbovich 6-4-20

Plot Plan on reverse side



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to lake, river, stream or pond d. Septic / holding tank to closest lot line e. Septic/holding tank to building f. Septic / holding tank to well g. Septic / holding tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Drain field to closest lot line l. Drain field to building m. Drain field to well n. Drain field to lake, river, stream or pond o. Well to building
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Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

own, City, Village, State or Federal
permits May Also Be Required

LAND USE – **X**
SANITARY – **X**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0107** Issued To: **Carla Burst & John Loeffelholz**

Location: **NE** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **18** Township **51** N. Range **4** W. Town of **Russell**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [1000 Gallon HUFFcut – Vault Privy]**

Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Maintain system per recorded agreement. Tank must be pumped by licensed septic hauler when full. Privy must be 25' or greater from well.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

June 9, 2020

Date